

Emergency Department Report of Post-Exposure Incident

Exposed Person's Name: _____

Date of visit: _____

Health Care Facility Address:

Health Care Facility Phone: _____

As Required under the OSHA Bloodborne Pathogen Standard:

- The person named above has been informed of the results of the post-exposure medical evaluation.
- The person named above has been told about any medical conditions resulting from exposure to blood or any other potentially infectious materials that require further evaluation or treatment.

Recommendation for Post-Exposure prophylaxis:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please continue recommendations on a separate page if more space is required.

Printed name of Health Care Provider: _____

Signature of Health Care Provider: _____

Date of Signature: _____